



MISSOURI ETHICS COMMISSION  
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT 4/15/2006
OFFICE USE ONLY B-100

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. 6051123

2. FULL NAME OF COMMITTEE Bill Alter for State Senate Committee	
3. COMMITTEE MAILING ADDRESS 1800 Gravois Road	4. COMMITTEE TELEPHONE NUMBER 636-677-8191
CITY/STATE/ZIP High Ridge, MO 63049	
5. TREASURER'S NAME Angela Alter-Wren	
6. TREASURER'S MAILING ADDRESS 1802 Gravois Road	7. TREASURER'S TELEPHONE NUMBER HOME: 636-677-7177 WORK: —
CITY/STATE/ZIP High Ridge, MO 63049	
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 8/8/2006	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM January 1, 2006 THROUGH March 31, 2006	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Bill Alter - State Senator District 22nd 1800 Gravois Road High Ridge, MO 63049 636-677-8191	
15. TYPE OF REPORT: <input type="checkbox"/> 15 DAY AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> JAN 15 <input checked="" type="checkbox"/> APRIL 15 <input type="checkbox"/> JULY 15 <input type="checkbox"/> OCT 15 <input type="checkbox"/> 8 DAYS BEFORE ELECTION <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> JAN 15 <input type="checkbox"/> JULY 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ - _____ - 20 _____	
<input checked="" type="checkbox"/> CHECK IF INCUMBENT <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE Angela Alter-Wren	
17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE William E. Alter	





MISSOURI ETHICS COMMISSION  
**REPORT SUMMARY**

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE

Bill Alter for State Senate

DATE OF REPORT

4/15/06

OFFICE USE ONLY

RECEIPTS		A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 15400.00		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 4878.20			<b>MONEY ON HAND</b>	
3. ALL LOANS RECEIVED THIS PERIOD	+				
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+				
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 4878.20				
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+			25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 5859.46
7. <b>TOTAL</b> ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 4878.20			26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 4878.20
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-			27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
9. <b>TOTAL ALL RECEIPTS THIS ELECTION</b> (SUM 1B + 7A - 8A)			\$ 20,278.20	a) Disbursements By Check \$ 3481.22	- 3481.22
				b) Disbursements By Cash \$	
<b>EXPENDITURES</b>		A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 7256.64
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 9340.34	<b>INDEBTEDNESS</b>	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 3481.22				
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+				
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+				
14. <b>TOTAL</b> ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 3481.22			29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
15. <b>TOTAL EXPENDITURES THIS ELECTION</b> (SUM 10B + 14A)			\$ 12821.56	30. LOANS RECEIVED THIS PERIOD	+
<b>CONTRIBUTIONS MADE</b>		A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 200.00	32. PAYMENTS MADE ON LOANS THIS PERIOD	-
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$			33. CREDITS RECEIVED ON LOANS THIS PERIOD	-
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+			34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-
19. <b>TOTAL</b> ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$			35. <b>TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD</b> (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
20. <b>TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION</b> (SUM 16B + 19A)			\$ 200.00		
<b>OTHER DISBURSEMENTS</b>		A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+				
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+				
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+				
24. <b>TOTAL OTHER DISBURSEMENTS THIS PERIOD</b> (SUM 21A + 22A + 23A)	\$				



MISSOURI ETHICS COMMISSION  
**CONTRIBUTIONS AND LOANS RECEIVED**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Bill Alter for State Senate</i>		2. REPORT DATE <i>4/15/06</i>	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: <i>Nodler Leadership PAC</i> ADDRESS: <i>P.O. Box 1725</i> CITY/STATE: <i>Joplin, mo 64802</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>3/11/06</i> <i>650.00</i>	\$ <i>650.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>OK Governmental Solutions, LLC.</i> ADDRESS: <i>121 Courtfield Drive</i> CITY/STATE: <i>0 Fallon, mo 63366</i> EMPLOYER: <input type="checkbox"/> COMMITTEE:		<i>3/14/06</i> <i>500.00</i>	\$ <i>500.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Shields for Pro Team Committee</i> ADDRESS: <i>47 SE. Erin Court</i> CITY/STATE: <i>St. Joseph, mo 64507</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>3/11/06</i> <i>650.00</i>	\$ <i>650.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <i>Gibbons Leadership Fund</i> ADDRESS: <i>P.O. Box 220825</i> CITY/STATE: <i>St. Louis, mo 63122</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>3/11/06</i> <i>600.00</i>	\$ <i>600.00</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>2700.00</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ <i>2128.20</i>
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ <i>4528.20</i>
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ <i>4528.20</i>
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			<i>350.00</i>
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ <i>4878.20</i>
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ <i>4878.20</i>



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS AND LOANS RECEIVED

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <b>Bill Alter for State Senate</b>		2. REPORT DATE <b>4/15/06</b>	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: <b>Dr. John M. Gerdges</b> ADDRESS: <b>2289 Hill House Drive</b> CITY/STATE: <b>Chesterfield, MO 63017</b> EMPLOYER: <b>Beane County Hospital / Physician</b> <input type="checkbox"/> COMMITTEE:		<b>3/6/06</b> <b>500.00</b>	<b>\$ 500.00</b> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <b>William C. Beady</b> ADDRESS: <b>3711 South Lakeshore Dr.</b> CITY/STATE: <b>House Springs, MO 63051</b> EMPLOYER: <b>Retired</b> <input type="checkbox"/> COMMITTEE:		<b>3/20/06</b> <b>325.00</b>	<b>\$ 325.00</b> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <b>Missouri Independent Bankers PAC</b> ADDRESS: <b>8 Victoria Lane #200</b> CITY/STATE: <b>Liberty, MO 64068</b> EMPLOYER: <b></b> <input checked="" type="checkbox"/> COMMITTEE:		<b>3/28/06</b> <b>650.00</b>	<b>\$ 650.00</b> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <b>Missouri Rental Dealers Association PAC</b> ADDRESS: <b>P.O. Box 1708</b> CITY/STATE: <b>Jefferson City, MO 65102</b> EMPLOYER: <b></b> <input checked="" type="checkbox"/> COMMITTEE:		<b>3/14/06</b> <b>650.00</b>	<b>\$ 650.00</b> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			<b>\$ 2125.00</b>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)</b>			
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			AMOUNT RECEIVED
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



MISSOURI ETHICS COMMISSION  
**CONTRIBUTIONS AND LOANS RECEIVED**

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INSTRUCTIONS ON REVERSE SIDE

1. NAME OF COMMITTEE <i>Bill Alter for State Senate</i>		2. REPORT DATE <i>4/15/06</i>	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b>			
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: <i>Republican 2nd Senatorial District Committee</i> ADDRESS: <i>1802 Cranviss Rd</i> CITY/STATE: <i>High Ridge, Mo 63049</i> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:		<i>1/20/2006</i> <i>3.20</i>	\$ <i>3.20</i> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ <i>3.20</i>	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRED A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	



MISSOURI ETHICS COMMISSION  
**EXPENDITURES AND CONTRIBUTIONS MADE**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <b>Bill After for State Senate</b>	2. REPORT DATE <b>4/15/06</b>
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**A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)**

3. CATEGORY OF EXPENDITURE	4. AMOUNT PAID OR INCURRED THIS PERIOD
<b>Ads</b>	<b>50.00</b>
<b>Dinner Tickets</b>	<b>18.00</b>
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)	<b>\$ 68.00</b>
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES	<b>+ 100.00</b>
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)	<b>\$ 168.00</b>

**B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS**

8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: <b>Scott A. Steele</b> ADDRESS: <b>1332 Meadowbrook Ct</b> CITY/STATE: <b>St. Charles, Mo 63303</b>	<b>4/20/06</b>	<b>Fundraiser Expense</b> <b>2730.93</b>	<b>\$ 420.00</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <b>Scott A. Steele</b> ADDRESS: <b>- Same -</b> CITY/STATE:	<b>2/28/06</b>	<b>Expense Reimbursement</b> <b>3454.42</b>	<b>\$ 723.49</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <b>Thompson Print Co.</b> ADDRESS: <b>601 N. Kingshighway</b> CITY/STATE: <b>St. Charles, Mo 63301</b>	<b>2/11/06</b>	<b>Print Exp</b>	<b>\$ 113.90</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <b>Madison's Cafe</b> ADDRESS: <b>210 Madison Avenue</b> CITY/STATE: <b>Jefferson City, Mo 65101</b>	<b>3/8/06</b>	<b>Catering</b>	<b>\$ 449.34</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: <b>Scott A. Steele</b> ADDRESS: <b>1332 Meadowbrook Ct.</b> CITY/STATE: <b>St. Charles, Mo 63303</b>	<b>3/10/06</b>	<b>Expense Reimbursement</b> <b>4954.42</b>	<b>\$ 1500.00</b> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			<b>\$ 3206.73</b>
13. SUBTOTAL: ANY ATTACHED PAGES			<b>+ 106.49</b>
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)			<b>\$ 3313.22</b>
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			<b>\$ 3481.22</b>
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			<b>\$ 3481.22</b>
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			<b>\$</b>
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT			<b>\$</b>
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			<b>\$</b>

**C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)**

20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT
NAME: ADDRESS: CITY/STATE:		
NAME: ADDRESS: CITY/STATE:		
NAME: ADDRESS: CITY/STATE:		
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		<b>\$</b>
24. SUBTOTAL: ANY ATTACHED PAGES		<b>\$</b>
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		<b>\$</b>
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		<b>\$</b>
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		<b>\$</b>
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		<b>\$</b>



MISSOURI ETHICS COMMISSION  
**EXPENDITURES AND CONTRIBUTIONS MADE**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE

1. NAME OF COMMITTEE <i>Bill Alter for State Senate</i>		2. REPORT DATE <i>4/15/06</i>	
<b>A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)</b>			
3. CATEGORY OF EXPENDITURE <i>Filing Fees</i>		4. AMOUNT PAID OR INCURRED THIS PERIOD <i>100.00</i>	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ <i>100.00</i>	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$	
<b>B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: <i>Hoops Unlimited</i> ADDRESS: <i>1550 W. R + J.</i> CITY/STATE: <i>Rockport, Mo 65279</i>	<i>3/22/06</i>	<i>Sprints</i>	\$ <i>186.49</i> <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ <i>186.49</i>	
13. SUBTOTAL: ANY ATTACHED PAGES		+	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$	
<b>C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)</b>			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
NAME: ADDRESS: CITY/STATE:			
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$	
24. SUBTOTAL: ANY ATTACHED PAGES		\$	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$	